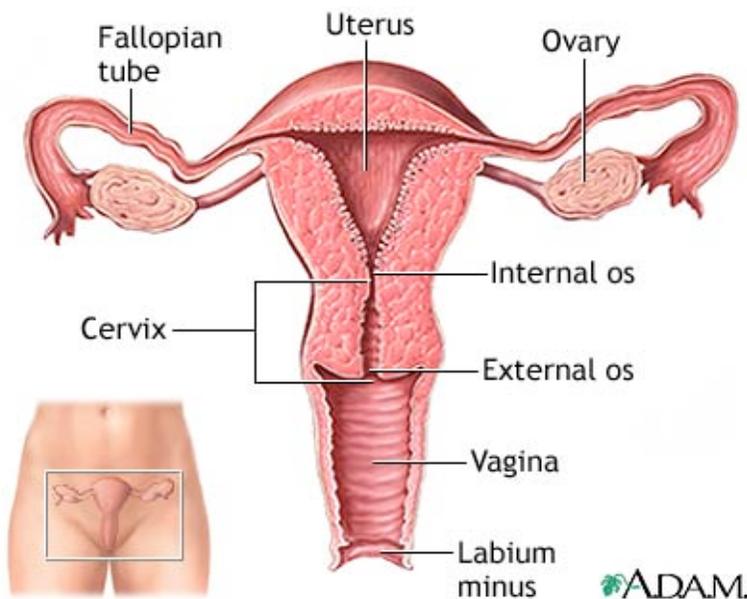


# CERVICAL DYSPLASIA

## Definition

Cervical dysplasia is the abnormal growth of cells on the surface of the cervix. Although this is not cancer, this is considered a pre-cancerous condition. Depending on the extent of changes, the condition is further categorized as:

- CIN I — mild dysplasia (a few cells are abnormal)
- CIN II — moderate to marked dysplasia
- CIN III — severe dysplasia to carcinoma-in-situ (cancer confined to the surface layer of the cervix)



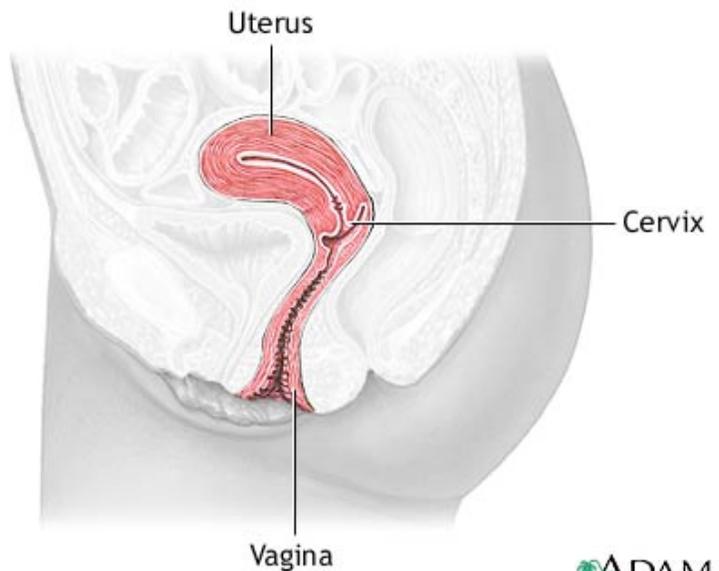
Cervical intraepithelial neoplasia (CIN);  
Precancerous changes of the cervix

## Causes

Less than 5% of all Pap smear test results find cervical dysplasia. While the cause is unknown, a number of risk factors have been identified. Most cases occur in women aged 25 to 35.

Other risk factors include:

- Multiple sexual partners
- Starting sexual activity before age 18
- Having children before age 16
- DES exposure
- Having had sexually transmitted diseases, especially HPV (genital warts) or HIV infection



## Symptoms

There are usually no symptoms.

# CERVICAL DYSPLASIA

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## Exams and Tests

A pelvic examination is usually normal.

The following tests may indicate cervical dysplasia:

- Pap smear showing mild, moderate, marked, or severe dysplasia.
- Colposcopy revealing "white epithelium." These are mosaic-like patterns on the surface of the cervix, caused by changes in the surface blood vessels.
- Colposcopy-directed biopsy to confirm dysplasia and the extent of cervical involvement.
- Endocervical curettage to rule out involvement of the cervical canal.
- Cone biopsy may be necessary to rule out invasive cancer.

## Treatment

The treatment depends on the degree of dysplasia. Mild dysplasia, which may go away on its own, usually involves careful observation with repeat Pap smears every 3 to 6 months. Other forms may require methods to destroy the abnormal tissue, including electrocauterization, cryosurgery, laser vaporization, or surgical removal.

Consistent follow-up, every 3 to 6 months or as prescribed, is essential.

## Outlook (Prognosis)

Nearly all cervical dysplasia can be cured with early identification, proper evaluation and treatment, and careful, consistent follow-up.

Without treatment, 30-50% cases of cervical dysplasia may progress to invasive cancer. The risk of cancer is higher for severe dysplasia (CIN III) that is not treated.

## Possible Complications

The condition may return.

## When to Contact a Medical Professional

Call for an appointment with your health care provider if you are a woman who is sexually active or aged 20 or older, and you have never had a pelvic examination and Pap smear.

Call for an appointment with your health care provider if you have not had regular Pap smears at these intervals: